

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

L&P-1379

First Named Inventor

Brenda W. Wickstrom

Original Patent Number

6,272,700

Original Patent Issue Date
(Month/Day/Year)

08/14/2001

Express Mail Label No.

EV355034832US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. • Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

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Signature

J. Dwight Poffenberger Jr.

Date

July 14, 2003

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17236 U.S. PTO
07/14/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
L&P-1379

Claims as Filed - Part 1

| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|----------------------------|--|-------------------------------------|---------------------|--------------|-----|---------------------------|-----------|
| | | | | Rate | Fee | Rate | Fee |
| (A) 18 | Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i)) | (B) 38 | **** 20 = | x \$ _____ = | or | x \$ 18 = | 360.00 |
| (C) 8 | | (D) 6 | * 6 = | x \$ _____ = | | x \$ 86 = | 516.00 |
| Basic Fee (37 CFR 1.16(h)) | | | | | | | \$750.00 |
| Total Filing Fee | | | | | | OR | \$1626.00 |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|---|-------|---|-----------------------------|--------------|-----|---------------------------|-----|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | x \$ _____ = | | x \$ _____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ _____ = | | x \$ _____ = | |
| Total Additional Fee | | | | | | \$ | OR | \$ |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 23-3000.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 1626.00 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

7-14-03
Date

J. Dwight Poffenberger Jr.
Signature of Applicant, Attorney or Agent of Record
J. Dwight Poffenberger, Jr.
Typed or printed name